

Plaintiff's
Exhibit
3

MACOMB COUNTY, MICHIGAN



OFFICE OF THE MEDICAL EXAMINER
43585 ELIZABETH ROAD
MT. CLEMENS, MICHIGAN 48043
(586) 469-5214

Report of Diagnosis and Autopsy
on

David Stojcevski

File: ME 1099-14

ME 1099-14, Stojcevski

Page: 2

OPINION

Final Diagnosis:

Acute Withdrawal from Chronic Benzodiazepine,
Methadone and Opiate Medications
Dehydration with hypernatremia
Seizure/seizure-like activity

Cause of Death:

Acute Withdrawal from Chronic Benzodiazepine,
Methadone and Opiate Medications

Manner of Death:

Natural

Mary E Pietrangelo 8/21/14
Mary E. Pietrangelo, M.D., Date Signed
Deputy Medical Examiner

Death: June 27, 2014 at 1855 hours	Autopsy: June 30, 2014
Emergency Rm McLaren Macomb Hospital	43585 Elizabeth Road
Mount Clemens, MI	Mount Clemens, MI
Age: 32 years	Performed by:
	Mary E. Pietrangolo, M.D., Deputy Medical Examiner

DESCRIPTION OF AUTOPSY FINDINGS

EXTERNAL EXAMINATION: June 30, 2014 at 0930 hours

This is the body of a 68.5 inch, 151 pound, adult white male appearing the reported age of 32 years.

The extremities have well-developed rigor mortis, and fixed lividity is posterior.

The scalp is atraumatic and covered by black hair up to 2 inches in length. The eyes have brown irides with intermediate-sized, symmetric pupils. The left upper and lower palpebral conjunctivae are congested; the right are pale. The ears and nose are unremarkable. The teeth are natural and in good condition. The upper right central incisor is remotely absent. There is a $\frac{1}{2} \times \frac{1}{4}$ inch, red-purple, abraded contusion on the inside of the left lower lip. A $\frac{1}{2}$ inch diameter, faint red contusion is on the left zygoma, and a $\frac{1}{2} \times \frac{1}{8}$ inch, red abrasion is below the left eye. A small, red-brown abrasion is on the left tragus. Facial hair consists of a black mustache and goatee. The face is without palpable fractures.

The neck is without external injuries. The chest is symmetric. There is a 3/8 inch tan-orange abrasion on the left upper chest. The breasts are of normal male conformation and without masses. There are several, red-tan papules on the midline upper chest. The abdomen is flat. A 4 inch faint, linear, oblique red abrasion is on the left upper abdomen. There is a 3 x $1\frac{1}{4}$ inch, red contusion overlying the right anterior superior iliac spine.

The upper and lower extremities are normally developed and without palpable fractures. A hospital identification band with the name "Stojcevski, Confidential" and a Macomb County jail identification band with the name "Stojcevski, David" are around the right wrist. An identification band with the name "John Doe/David Stojcevski" is around the left ankle. A faint, red, linear, 1 inch, discontinuous abrasion is on the right anterior shoulder. There are multiple striae along the left anterior shoulder and arm. A small, red abrasion is on the right elbow. A $2 \times \frac{1}{2}$ inch, red-pink abrasion is on the left elbow. A 3 x 1

ME 1099-14, Stojcevski

Page: 4

inch, red contusion is on the right knee and a 1½ x 5/8 inch red contusion is on the left knee. There is a 1 inch diameter red contusion on the right lateral proximal leg. There is a healing, ½ inch laceration on the right lateral hindfoot. Two small, red-brown abrasions are on the right 2nd toe dorsum. The lower extremities are without edema.

The external genitalia are of normal male uncircumcised conformation and without lesions. The back is without injuries or pathologic changes. The anus is unremarkable.

Scars and Identifying Marks:

1. Single piercing, left earlobe.
2. 1½ inch, oblique scar overlying the right shoulder.
3. 1½ inch, curvilinear scar, right elbow.
4. 1¾ inch, linear scar above the left knee.

Medical Intervention:

1. An oroendotracheal tube is in the mouth and extends into the trachea.
2. An intravascular catheter is in the left hand dorsum.
3. An intraosseous catheter is in the right anterior leg.
4. Two electrocardiogram pads are on the right and left thighs.

INTERNAL EXAMINATION: June 30, 2014 at 0947 hours

Serosal Cavities: The right and left pleural cavities are without adhesions or effusions. The pericardial sac is intact and contains minimal serous fluid. The abdominal cavity is free of blood, ascites, or inflammatory exudate. The chest and abdominal organs are normally situated.

Cardiovascular: The heart is 340 grams and has a smooth epicardial surface. The coronary arteries arise from the aorta in a normal fashion and follow a right dominant distribution. The coronary ostia are patent. The coronary arteries are free of atherosclerosis and are widely patent. The right and left ventricular myocardium is red-brown and firm, without areas of necrosis or scarring. There is hemorrhage in the posterior wall of the right ventricle from the mid-ventricle to the tricuspid valve line (Comment: Consistent with being caused by cardiopulmonary resuscitation). The heart chambers are not dilated, and the myocardium is not hypertrophied. The valve cusps and leaflets are unremarkable. No calcifications, vegetations, or myxoid changes are noted.

The aorta is intact and has a smooth intima. The inferior vena cava, superior vena cava, and pulmonary artery are intact and patent.

Lungs and Trachea: The right and left lungs are 520 and 500 grams, respectively. Both lungs have smooth pleural surfaces. The pulmonary parenchyma is red-pink and crepitant, with areas of dependent lividity. The lung tissue is without areas of consolidation, emphysema, or neoplasm. The tracheobronchial tree is unremarkable. The pulmonary arteries have a smooth intima and are free of thromboemboli.

Diaphragm: The diaphragm is unremarkable.

Hepatobiliary System: The liver is 1350 grams and has a smooth, intact capsule. The hepatic parenchyma is red-brown and homogeneous. No masses or focal lesions are noted. The gallbladder is intact and contains liquid green bile and no gallstones. The portal vein is patent and intact.

Hemic and Lymphatic: The spleen is 120 grams and has a smooth, intact capsule. The splenic parenchyma is dark red and firm. No masses or focal lesions are noted. The lymph nodes throughout the body are not enlarged. The thymus gland is tan and lobular.

Genitourinary: The right and left kidneys are 150 and 160 grams, respectively. Both kidneys have smooth cortical surfaces. The cortical and medullary structures are well defined and without pathologic changes. The pelves and calyceal systems have a smooth lining and are not dilated. The ureters follow their normal course to the urinary bladder. The urinary bladder is intact and contains 35 mL of urine. The prostate gland is unremarkable..

Adrenal Glands: The adrenal glands have soft, yellow cortices and brown medullae without pathologic changes.

Gastrointestinal System: The esophagus is unremarkable. The stomach has a smooth, tan serosal surface and a tan-maroon mucosa with normal rugal folds. The stomach contains 60 mL of brown-red liquid. The gastric and duodenal mucosa is free of ulcers. The small and large intestines and appendix are unremarkable.

Pancreas: The pancreas has soft, tan, lobulated parenchyma without pathologic changes.

Neck: The strap muscles of the neck are free of injury. The thyroid gland is of normal size and has dark brown parenchyma. The thyroid cartilage and the hyoid bone are intact. The upper airways are patent. The prevertebral fascia is free of blood. The epiglottis and larynx are unremarkable. The tongue is

without lacerations or contusions.

Head: The reflected scalp is free of trauma. The calvarium and the dura mater are intact. The subdural, epidural, and subarachnoid spaces are free of blood. The brain is 1570 grams and has symmetric, normally-developed cerebral and cerebellar hemispheres. The leptomeninges are smooth, transparent, and without exudate. External and cut surface of the brain demonstrates no injuries or pathologic changes. The lateral ventricles are of normal size and contain clear cerebrospinal fluid. The midbrain, cerebellum, pons, and medulla are free of internal or external abnormalities. The cranial nerves and cerebral arteries are unremarkable. The base of the skull is without fractures. The pituitary gland is without pathologic changes.

Musculoskeletal: The sternum and clavicles are intact. There is a small amount of soft tissue hemorrhage in the right 4-5 intercostal space, anteriorly. The left 5th rib has a nondisplaced anterior fracture, with soft tissue hemorrhage involving the left 4-5 and 5-6 intercostal spaces (Comment: Consistent with being caused by cardiopulmonary resuscitation). The spine and pelvis are without fractures or deformities. The skeletal muscle is normally developed.

MICROSCOPIC EXAMINATION:

Heart (left ventricle): Focal papillary muscle myocytolysis.

Lungs: Mild to moderate intra-alveolar pulmonary edema and red blood cell extravasation; mild interstitial chronic inflammation; rare, interstitial, polarizable debris.

Brain (right hippocampus): No histopathologic abnormality.

MEP: 06/30/14

— End of Autopsy Report; Toxicology Report is Appended —



NMS Labs

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Phone: (215) 657-4900 Fax: (215) 657-2972

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Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 07/16/2014 12:01

Patient Name STOJCEVSKI, DAVID
 Patient ID 1099-14
 Chain 11778308
 Age 32 Y DOB Not Given
 Gender Male
 Workorder 14164176

Page 1 of 3

To: 10199
 Macomb County Medical Examiner
 Attn: Daniel Spitz, M.D.
 43585 Elizabeth Road
 Mount Clemens, MI - 48043

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Naloxone	Positive	ng/mL	001 - Peripheral Blood
Cannabinoids	Presump Pos	ng/mL	003 - Urine

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8050U	Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the **Analysis Summary and Reporting Limits** section for details.

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	8 mL	06/30/2014	Peripheral Blood	
002	Gray Top Tube	5 mL	06/30/2014	Peripheral Blood	
003	Red Top Tube	8.5 mL	06/30/2014	Urine	

All sample volumes/weights are approximations.

Specimens received on 07/01/2014.



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Workorder

14164176

Chain

11778308

Patient ID

1099-14

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Positive	ng/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Cannabinoids	Presump Pos	ng/mL	20	003 - Urine	EIA

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Cannabinoids - Urine:

Cannabinoids are chemical compounds derived from the plant Cannabis sativa (marijuana), including active components, chemical congeners and metabolites. Delta-9-Tetrahydrocannabinol (THC) is the principal active component. This result derives from a presumptive test, which may be subject to cross-reactivity with non-cannabinoid compounds; therefore, a confirmatory test is recommended.

2. Naloxone (Narcan®) - Peripheral Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdosage. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 14164176 was electronically signed on 07/16/2014 11:47 by:

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	N/A	Delta-9 THC	N/A
Delta-9 Carboxy THC	N/A		

Testing Not Performed: Test was canceled due to [Sample Matrix Problem].

Acode 8050U - Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)



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Workorder 14164176
 Chain 11778308
 Patient ID 1099-14

Page 3 of 3

Analysis Summary and Reporting Limits:

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	500 ng/mL	Methadone	300 ng/mL
Barbiturates	0.30 mcg/mL	Opiates	300 ng/mL
Benzodiazepines	50 ng/mL	Oxycodone	100 ng/mL
Cannabinoids	20 ng/mL	Phencyclidine	25 ng/mL
Cocaine / Metabolites	150 ng/mL	Propoxyphene	300 ng/mL

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

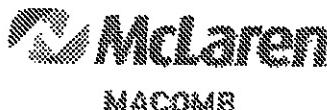
<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non Steroidal Anti-Inflammatory Agents, Opiates and Opioids.



1099-14

1000 Harrington Blvd., Mt. Clemens, MI 48043
(586) 493-2222

Final**STOJCEVSKI, DAVID**

Med. Record: MC4117561
Encounter: MC14728908
DOB/Age/Gender: 03/18/1982 32Y M
Pt Phone: (586)469-5151

Admitted: 07/18/2014
Location: MCCOUR
Service:
Attending: PIETRANGELO, MARY, MD
Ordering: PIETRANGELO, MARY, MD

REFERENCE LAB**Reference Lab, Other****Other**

Collected	07/18/2014 10:31 ¹	Reference	Unit
Accession	1419901871		

Reference Lab, Other

see results in comments²¹Vitreous for glucose, electrolytes, urea nitrogen and creatinine (Vitreous Fluid)²Na = 162 mmol/L

K = 23.1 mmol/L

Cl = 131 mmol/L

CO2 = 4 mmol/L

GLUC = 26 mg/dL

BUN = 57.2 mg/dL

CPK = 1.38 mg/dL

Vitreous Fluid results- no normals established for this institution

Performed at MC Laboratory, 1000 Harrington Blvd, Mount Clemens, MI, USA, 48043

RECEIVED

JUL 18 2014

MACOMB COUNTY
MEDICAL EXAMINERunless otherwise stated, all work was performed at McLaren Medical Laboratory, 4000 S. Saginaw St., Flint, MI 48507

Legend: L=Low, H=High, CH=Critical High, CL = Critical Low A=Abnormal

Print 07/18/2014 11:42

Rpt Run ID: R1419902677